

Si necesita ayuda con este formulario, llame al 305-403-3222
Si w bezwen yo ede w ak fom sa a, tanpri rele 305-403-3222

REQUEST FOR INTERIM RECERTIFICATION FORM

The Miami Dade Housing Choice Voucher Program will process an interim recertification for certain changes in family composition or income. An interim recertification form must be filed when any of the following changes occur:

1. Income increases of \$200 or more per month must be reported within 10 calendar days of the change.
2. Income decreases within 15 calendar days of the change.
3. A change in family composition (written notification is required within 30 days of the addition) due to the following:
 - a. Birth;
 - b. Adoption or the assisted family being otherwise granted custody of a child by operation of law (includes, but is not limited to pre-need guardianships and powers of attorney); or
 - c. A family member moving out of the unit.

To request an interim recertification, changes must be reported in writing. All interim recertification requests require completion of an Authorization for the Release for Information/Privacy Act Notice HUD-9886 form signed by all adult family members.

Participant Name:	Address of Unit:
Client ID #:	Telephone number:
Anniversary Date:	Email Address:

Please select the option below that best identifies the type of change you are reporting. In addition, please complete the section on the other side of this form that corresponds to the option you have selected below.

☐ **INCOME INCREASE**

If you are reporting an increase in income, you must supply the following as applicable:

- Paystubs from the new employer or letter from employer listing anticipated start date, as well as pay rate and frequency of pay (i.e. daily, monthly, weekly.)
- Evidence of new or increased Social Security or other benefit awards.
- Evidence of new or increased pension or other income increases.

☐ **INCOME DECREASE**

If you are reporting a decrease in income, you must supply the following as applicable:

- Separation notice from former employer for income decrease.
- Evidence of decrease or denial of Social Security or other benefit awards.
- Status of unemployment application.
- Evidence of decrease or denial of pension or other income.

☐ **FAMILY COMPOSITION INCREASE**

If you are reporting/requesting an increase in family composition, you must supply the following:

- Landlord approval letter.
- Consent to Obtain Criminal Background records form.
- Income information of new family member.
- Court issued custody documents or notarized affidavit granting custody
- Lead Release form if adding a child under age six to the household.
- Authorization for the Release for Information/Privacy Act Notice form HUD 9886 for any person 16 or older being added to the household.

☐ **FAMILY COMPOSITION DECREASE**

If you are reporting a decrease in family composition, the head of household must provide at least one of the following:

- A completed Out of Household Declaration form, utility bill with new address, USPS change of address request form, or state issued photo ID with new address.
- Head of Household certification that the family member is no longer a part of the assisted household; or
- A copy of a lease showing the name and current address of the family member to be removed from the assisted household.

Signature

Date

Policies and Procedures:

1. Approval of a Request for Interim Recertification is not automatic. The housing authority may deny the request upon completion of review/verification process.
2. The Housing Choice Voucher Program will not process an interim recertification for a household that receives a reduction in welfare assistance income due to a TANF agency sanction. Example: The family's TANF benefits are reduced due to non-compliance with TANF program rules.
3. You must receive approval prior to adding any person to the household who is 16 years of age or older. New members 16 or older must pass a criminal background check. For an adult (18 or older) to be considered for approval, the family's interim recertification request for the addition of the adult must be related to at least one of the following reasons:
 - a. Marriage (addition of spouse);
 - b. Family need for a live-in aide;
 - c. Unrelated/Unmarried partners showing proof of intention to reside together as a family;
 - d. Family need for a reasonable accommodation; or
 - e. General humanitarian reasons. (Example: Adding an adult that has become the guardian for minors residing in the assisted unit after the death of the head of household.)
4. Requests for Interim Recertification that are received within sixty (60) days of anniversary date will be processed as your household's annual recertification.

PENALTIES FOR MISUSING THIS FORM: Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States.



Carlos A. Gimenez, Mayor

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Miami-Dade Housing Choice Voucher Program

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TTD/TTY Florida Relay Service

800-955-8771 or Dial 711

miamidade.gov

INTERIM RECERTIFICATION UPDATE OF HOUSEHOLD CHANGES

Complete the section that pertains to the change you are reporting. For all reported changes, please attach documentation as specified on the first page of this document.

Family Composition Increase. List all family members requested to be added to the family composition.					
Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Elderly and/or Disabled?
Relationship to Head of Household:	Birth date:	Expected Move-in Date:		Live-in Aide?	
Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Elderly and/or Disabled?
Relationship to Head of Household:	Birth date:	Expected Move-in Date:		Live-in Aide?	
Name:	Soc. Sec. Number:	Sex:	Race:	Ethnicity:	Elderly and/or Disabled?
Relationship to Head of Household:	Birth date:	Expected Move-in Date:		Live-in Aide?	
Family Composition Decrease. List all family members being removed from the family composition:					
Name	Relationship to Head of Household	Soc. Sec. Number	Expected Move-Out Date	What is the new address of the family member being removed?	
Income Increase or Decrease. List all changes to household income:					
Previous Income Source and Amount	Current Income Source and Amount		Temporary or Permanent Change? (if temporary, indicate change period)		

I hereby certify that the above information is true and correct to the best of my knowledge.

Signature of Head of Household: _____

Date: _____

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